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Country programme recommendation**

Ethiopia

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Ethiopia for the period 2002 to 2006 in the amount of $80,487,000 from regular resources, subject to the availability of funds, and $60,000,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 2000. They will be contained in the summary of recommendations for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The major features of the situation of children and women in the country remain essentially as described in the country note presented to the Executive Board at its first regular session of 2001 (E/ICEF/2001/P/L.2), except as mentioned below.

2. The signing of a peace agreement with Eritrea on 12 December 2000 has been followed by the establishment of a temporary security zone and the deployment of 4,255 peacekeepers and approximately 200 military observers. The peace agreement has created a favourable environment for addressing the most challenging development problems of the country and strengthening the government/donor partnership.

3. New estimates from sentinel surveillance released by the Ministry of Health indicate that 7.3 per cent of the adult population are infected with HIV/AIDS. The current adult prevalence rate in urban Ethiopia is estimated at 13.4 per cent. In Addis Ababa, this rate is estimated at 16.8 per cent among the adult population and 74 per cent among commercial sex workers.

4. The climatic patterns over the past three years resulted in a drought covering a large part of the country and presently affecting some 6.2 million people, 70 per cent of whom are women and children. The areas most severely affected by the drought are the lowland areas of eastern and southern Ethiopia, although traditionally, the food insecure north-central highlands were also affected. The most recent drought crisis eroded people's assets in both pastoral and agricultural communities, displaced tens of thousands of people and undermined the traditional local coping strategies. Although a pattern of modest recovery has occurred as a result of improved rainfall in late 2000 and a joint relief programme by the combined efforts of the Government, United Nations agencies and non-governmental organizations (NGOs), serious needs remain.

Programme cooperation, 2000-2001

5. The "bridging" programme (2000-2001) (E/ICEF/1999/P/L.19) continued to support government efforts to fulfil the rights of children to survival, development and protection. Emphasis was placed on life-saving interventions; further refinement of cross-cutting and programme strategies; evaluating and drawing lessons from past experience; and more closely integrating the programme with the priorities of the National Five-Year Plan and sector development programmes. New strategic directions included focusing sectoral efforts to address the HIV/AIDS epidemic and controlling the prevalence and spread of malaria among young children and pregnant women.

6. In health and nutrition, UNICEF support to the polio eradication initiative benefited 11.4 million children under five years old, and disease surveillance has improved. Measles and vitamin A supplementation campaigns benefited 5.7 million children under five years of age. As a result, in the five drought-affected regions, measles dropped from first to seventh place as a major cause of child morbidity and mortality. In collaboration with partners, the programme supported the training of 1,850 health workers in the expanded programme on immunization (EPI) and cold-chain management; provided vaccines and cold-chain equipment; and trained 119 health workers in proper case management of diarrhoeal diseases and acute respiratory infections (ARI), and 80 health workers in the Integrated Management of

Childhood Illness (IMCI) Initiative. Support to Roll Back Malaria contributed to the development of a five-year plan; the adoption of standard training; information, education and communication (IEC) activities, the use of insecticide-treated nets (ITNs); and the provision of intermittent presumptive treatment for pregnant women through community-based interventions. Support to the prevention of mother-to-child transmission (MTCT) of HIV/AIDS contributed to building a national consensus on the strategy to be pursued. Effective collaboration was established with NGOs at regional and zonal levels and through the Emergency Nutrition Task Force.

7. The education programme focused on promoting girls' education, qualitative improvement of primary education and the re-establishment of learning opportunities for children affected by crisis. The 200 school clusters established in different regions provided an organizational framework for undertaking area-based initiatives to improve girls' education and the teaching/learning process. The school cluster and school-based initiatives, as well as the training of 800 core teachers and about 8,000 in-service teachers, resulted in the introduction of child-centred, gender-sensitive learning approaches in schools in the clusters. The programme for teacher training through distance education is providing opportunities to 21,000 upper primary (grades 5-8) teachers to upgrade their qualifications and professional competence. The involvement of core teachers from one region to train teachers from another region has promoted interregional collaboration for initiating measures to improve girls' education and the quality of the teaching/learning process. UNICEF-supported activities constituted an integral part of the Education Sector Development Programme (ESDP) and contributed to achievement of its targets. From 1996/1997 to 1999/2000, the enrolment in grades 1-8 increased by 44.8 per cent (from 4.46 million to 6.46 million), and the enrolment of girls increased by 55.2 per cent (from 1.63 million to 2.53 million).

8. A major achievement of the bridging programme was the development of the multisectoral HIV/AIDS prevention programme. The focus of the programme was on youth as change agents, the prevention of MTCT, the care and support of orphans, and advocacy for breaking the silence and creating a favourable policy environment. Although it is still premature to assess the results of the programme, several activities have been undertaken with UNICEF assistance. Support was provided to the National AIDS Council to develop an HIV/AIDS resource library and a Youth Advocacy Office. The overall capacity of anti-AIDS clubs and youth associations has been strengthened in Addis Ababa, Amhara, Dire Dawa and Tigray. A voluntary counselling and testing (VCT) training of trainers curricula for youth counsellors in preparation for youth-friendly VCT has been developed. Training has been provided to regional stakeholders for developing behaviour change communication strategies and materials. Psychosocial support has been provided to HIV-positive orphans at the Missionaries of Charity Home in Addis Ababa. Regional sport events have been organized for youth with AIDS-related messages.

9. The water and environmental sanitation (WES) programme achieved or exceeded most of its objectives. Some 520 new water supply schemes were constructed, benefiting 760,600 people, and 232 old schemes were rehabilitated, particularly in drought-affected areas, benefiting 650,000 people. In addition, 20,120 household latrines, 163 communal latrines and 160 school latrines were constructed, benefiting 324,500 people. In order to help guarantee the long-term sustainability of these systems, 222 pump operators, 1,040 water caretakers, 5,700 community representatives, 2,650 sanitation committee members, 2,220 teachers/students and 1,490 health workers were trained in 11 regions of the country. Furthermore, the

number of cases of guinea worm disease fell from 259 to 58. UNICEF also played a central role in the process to develop the water sector development programme through the provision of technical assistance and serving as the Secretary of the Technical Committee.

10. The *woreda* (district) integrated basic services programme promoted convergence among sectoral activities through coordinated and mutually reinforcing inputs from regional, zonal, *woreda* and community levels. The programme contributed to improving children's and women's access to basic services, and to building institutional capacity at the subnational level for planning and implementation of projects benefiting children and women. The programme demonstrated that the convergence of multisectoral interventions, such as those aimed at promoting gender equality in education through the provision of water supply facilities closer to communities and schools, and the construction of separate toilet facilities for girls, could bring about substantial improvement in the enrolment and retention of primary school-age children, especially girls. The need for continuous efforts to mobilize and involve communities in the process of improving access to quality basic services has emerged to be significant in this context. However, the programme required the management of 281 sector plans of action in 55 *woredas*. It was decided to phase out the programme in the coming cycle and incorporate its positive elements in all future programmes.

11. New strategies were adopted to promote child protection, in collaboration with the Government and civil society. Partnerships were strengthened further with the Women's Affairs Offices, the Ministry of Labour and Social Affairs, Parliament, women's groups and civil society organizations. The recently passed Family Law mandates universal birth registration, a minimum age of 18 years for marriage, and the eradication of harmful traditional practices. The establishment of the Human Rights Commission and Ombudsperson Office has provided a framework to guarantee protection for women and children. The recommendations of the first periodical report on the domestic implementation of the Convention on the Rights of the Child are currently being integrated into the strategic plans of various ministries; those of the national report on implementation of the Convention on the Elimination of All Forms of Discrimination against Women have prompted discussion among government and civil society, and enforcement mechanisms are being considered in Parliament. The capacity of federal and regional structures for Women's Affairs and Labour and Social Affairs was enhanced to develop, implement and monitor projects for women and children.

12. UNICEF support for early warning data collection on food security indicators was maintained in all regions. This contributed significantly to the ability of the Disaster Prevention and Preparedness Commission (DPPC) to alert donors to the expected food deficit in 2000-2001, catalysing subsequent strong donor response that contributed to preventing a famine. Disaster-prone regions of Tigray, Afar, Amhara, Somali, Oromiya, Gambella and Southern Nations, Nationalities People's Region benefited from joint UNICEF/DPPC monitoring missions with the primary aim of identifying constraints and standardizing the modality of project implementation. UNICEF provided large quantities of shelter and relief materials, including blankets, plastic sheeting and jerry cans, to those affected by the drought. UNICEF also worked closely with federal and regional sectoral ministry and bureau counterparts in planning, programming and jointly monitoring emergency health, nutrition, water and sanitation, basic education, landmine awareness and child protection assistance.

13. Another component of the past programme of cooperation focused on strengthening the capacity of government counterparts engaged in planning activities through training in social sector data collection, analysis and putting data to work for women and children. Bottom-up participatory planning was enhanced in selected regions and *woredas*. Experience-sharing between regions was promoted, and necessary support was provided to regional Bureaux of Planning and Economic Development for establishing information management systems. Field-based technical assistance and on-the-job guidance on integrated planning, monitoring and evaluation were also provided.

Lessons learned from past cooperation

14. The lessons learned from past cooperation remain essentially the same as described in the country note. However, another lesson has emerged from recent experience.

15. The identification of new strains of the wild polio virus and the limited coverage of routine vaccination services clearly indicate the need to continue carrying out national and subnational immunization days to achieve the eradication of polio by the year 2005. The house-to-house approach has been effective in reaching communities in remote and inaccessible areas. Social mobilization efforts have been successful in generating greater awareness among communities where immunization rates were previously low. This has led to an increased demand for immunization. Future campaigns should benefit from this approach and be synchronized with surrounding countries.

Recommended programme cooperation, 2002-2006

Regular resources: $80,487,000

Other resources: $60,000,000

Recommended programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	33 083	17 575	50 658
Education	17 535	7 400	24 935
HIV/AIDS	7 467	21 275	28 742
Water and environmental sanitation	13 992	5 000	18 992
Gender and child protection	875	6 250	7 125
Capacity-building in planning, monitoring and valuation	2 285	2 500	4 785
Cross-sectoral costs	5 250	-	5 250
Total	**80 487**	**60 000**	**140 487**

[a] The breakdown for estimated yearly expenditures is given in table 3.

Country programme preparation process

16. This programme of cooperation has been developed in close collaboration with the Government, United Nations agencies, and multilateral, bilateral and NGO partners. It is based on the findings of the rights-based situation analysis and on the lessons learned from past cooperation. UNICEF will continue to play a significant role in the United Nations Country Team and the United Nations Development Assistance Framework (UNDAF) process. Meetings of donor groups, monthly meetings of joint Government/donor consultative groups, and common assessments and reviews will continue to be used to further strengthen partnerships and collaboration and to mobilize support for children's and women's rights. The country programmes of the United Nations agencies will be harmonized in 2002, one year after the beginning of the Fifth National Development Programme.

Country programme goals and objectives

17. The overall goal of the country programme will be to support national efforts towards the progressive realization of the rights of children to survival, development, protection and participation. Specifically, the programme will support the provision of comprehensive, integrated and community-based primary health care services of acceptable standards in order to substantially reduce the infant and under-five mortality rates (IMR and U5MR) and maternal mortality ratio (MMR); to increase the primary education enrolment rate to 65 per cent and the girls' enrolment rate to 60 per cent; and to reduce the gender gap in enrolment rates to not more than 10 percentage points. The programme will also support national efforts to increase water supply coverage to 40 per cent and the proportion of population who have access to appropriate sanitation facilities to 30 per cent; to combat the spread of HIV/AIDS; to reduce the structural/systemic gender inequities and inequalities that prevent the full involvement of women in decision-making processes; and to ensure the protection of children's rights.

Relation to national and international priorities

18. The country programme has been developed within the framework of the Government's social policy priorities, which include the national strategy for poverty reduction, the National Five-Year Plan, the Strategic Framework for the National Response to HIV/AIDS in Ethiopia for 2000-2004, the National Policy on Disaster Prevention and Management, and the sectoral development programmes. It will contribute to the achievement of the goals and targets contained in the National Development Plan for the period 2000/01-2004/05, as well as the goals and strategic priorities for the work of the United Nations in the country, as expressed in the UNDAF. UNICEF cooperation will address some of these priorities in accordance with its mandate and in light of its comparative advantages and experience in Ethiopia.

19. The country programme falls within the general framework of "A world fit for children" by 2015. It gives priority attention to the key priorities of the medium-term strategic plan, including Immunization Plus, early childhood development, girls' education, child protection and HIV/AIDS. The country programme strategy is guided by the principles underlying the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

Programme strategy

20. The programme strategy remains essentially the same as described in the country note. In addition to mainstreaming disaster preparedness, increased emphasis will be given to child protection, protein-energy malnutrition (PEM) and maternal health, as requested by Executive Board members in their comments on the country note.

21. **Health and nutrition**. The overall objective of the programme is to support national efforts to substantially reduce IMR, U5MR and MMR. In line with the Health Sector Development Programme and the National Food and Nutrition Strategy, the programme will focus on a few key interventions targeting the major causes of morbidity and mortality, such as vaccine-preventable diseases, malaria and malnutrition. A broad mix of strategies will be pursued to increase and sustain coverage, including capacity-building, technical support and the provision of essential supplies. As disasters occur, core commitments will be in measles immunization, vitamin A supplementation, the provision of life-saving essential drugs, support to nutrition surveillance and care of the severely malnourished.

22. The EPI project will support the national goals of eradicating polio by 2005, eliminating neonatal tetanus, reducing measles cases by 90 per cent and deaths by 95 per cent of the 1999-2000 levels, and increasing and sustaining immunization coverage at 90 per cent. A major focus will be on strengthening routine EPI, polio eradication through high-quality national and subnational immunization days, improving data collection, identifying high-risk areas and intensifying social mobilization.

23. The malaria/IMCI project will support the national goals of reducing morbidity and mortality among women and children due to malaria, diarrhoeal diseases and ARI by 25, 30 and 20 per cent, respectively, of 1999-2000 levels. Strategies will include capacity-building, advocacy, social mobilization, the promotion and provision of ITNs, and early diagnosis and treatment. The project will focus on areas with high malaria incidence and will be targeted to pregnant women and children under five years old, particularly in rural areas. Implementation of IMCI will be more closely integrated with malaria control activities in targeted areas, with particular emphasis on the community and health system improvement components.

24. The objective of the reproductive health project is to contribute to the prevention of MTCT of HIV/AIDS, and to the reduction of maternal and perinatal mortality and morbidity due to pregnancy and childbirth. This will include VCT, the training of health workers, and the provision of drugs to control HIV/AIDS transmission, community-based activities to promote safe practices around pregnancy and delivery, and increasing the demand for care in existing, prenatal and delivery care institutions. The focus will be on Somali and Afar regions where harmful traditional practices are widely practised. This will complement efforts by the World Health Organization (WHO) and the United Nations Population Fund to improve the quality of institutional care. In other regions, the project will support the documentation of such approaches and experience exchange within and between regions.

25. The nutrition project will seek to reduce PEM by 20 per cent of the 1999-2000 level. It will focus on maternal nutrition and nutrition in children under two years of age through support to household food and nutrition security, the virtual elimination of vitamin A deficiency in children under five years of age, technical support to emergency nutrition surveillance coordination and continued advocacy and support

to achieve universal salt iodization, and the reduction of iron and folate deficiency among women and children through supplementation and food fortification. Technical support will be provided to improve nutrition and feeding practices in children affected with HIV/AIDS.

26. **Education**. The overall objective of the programme is to support national efforts to promote the progressive realization of the rights of all children to education through increasing the enrolment rate at the primary stage to over 65 per cent, reducing the gender gap in the primary enrolment rate to not more than 10 percentage points, and substantially reducing drop-out and repetition rates. In line with ESDP, the programme will focus on certain key interventions to improve girls' education, educational quality and the education of disadvantaged children. As disasters occur, core commitments will support the promotion of school attendance through the provision of basic education materials, support to temporary learning centres and teacher training.

27. The primary education improvement project will promote the development of context-specific, gender-sensitive approaches focused on 500 school clusters with a view to evolving replicable models for action; increasing the primary enrolment rate by 20 per cent; and reducing the gender gap in the enrolment rate, and the repetition and drop-out rates to one half of 1999/2000 levels. Strategies will include capacity-strengthening; the development of school/community partnerships which improve school governance; and catalytic support to improve all aspects of quality in education, with a special emphasis on gender-sensitive learning approaches and life skills education for HIV/AIDS prevention.

28. The objective of the complementary education project is to enhance access to quality learning opportunities for disadvantaged children and to re-establish learning opportunities for children in conditions of crisis. Strategic approaches will include the development of flexible, complementary primary education programmes, such as learning centres for nomadic children; village schools with multigrade teaching; and basic education programmes for out-of-school adolescents, including street children and working children.

29. National initiatives for the primary education development project will support certain key interventions which will have potential for nationwide reach and impact. Support will be provided to enhance the quality and coverage of distance education programmes; improve programme planning and management; facilitate curriculum renewal and the development of life skills education guidelines/packages; and incorporate gender perspectives into all aspects of educational planning and management.

30. **HIV/AIDS**. The overall objective of the programme is to support government and non-government partners to implement multisectoral, community-based interventions to reduce the spread of HIV/AIDS among youth, women and other vulnerable groups; and to increase access to care and support for those children and families infected and affected by HIV/AIDS.

31. The youth prevention project will build the capacity of regional governments and implementing partners for delivering youth-friendly interventions in order to prevent the spread of HIV among youth. Strategies will include working at the federal level to establish national policies to reduce the vulnerability of young people to HIV/AIDS and ensure that their rights are respected, protected and fulfilled. Strategies at the regional level will include introducing youth-friendly VCT in urban settings in the regions most affected by the epidemic; building the

capacity of anti-AIDS clubs and peer educators for targeting in- and out-of-school youth in both urban and rural settings; building the capacity of the regions to develop youth appropriate IEC materials using behaviour change methods; involving primary and secondary schools in disseminating family life skills information; and working with faith-based organizations and traditional leaders for targeting street children and other vulnerable groups. Capacity-building will focus on the emerging regions with the highest rates of infection due to population movement and transport routes.

32. The prevention of MTCT project will seek to decrease the rate of MTCT by developing national expertise for implementing prevention interventions linked to community-based care and support. Every effort will be made to encourage pregnant women to learn their HIV status so that they can make informed decisions. At the national level, assistance will be provided for establishing guidelines and protocols for case management. At the regional level, priority will be given to building the capacity of peer counsellors to provide VCT to pregnant women and their families, and of health workers in clinical management and safe delivery. Developing nutritional support packages for HIV-positive pregnant women and infants, and appropriate IEC materials will also involve other sectors in programme design and implementation. The project will complement the reproductive health project mentioned above. Interventions will expand to other urban areas and include integrating the prevention of MTCT into NGO antenatal clinics servicing rural women.

33. The care and support project will provide integrated community-based care and support packages for those children and families infected and affected by HIV/AIDS. Strategies will include advocacy to increase community awareness and reduce the stigma and discrimination of children and families affected and infected by HIV/AIDS. Other strategies will involve working with the regions to mobilize communities; enhancing the role of faith-based organizations for providing care and support and building community networks; ensuring that vulnerable children remain in school, with special attention to girls; and developing community-based care and support referral mechanisms for HIV-infected pregnant women and their families. Strong partnerships between regional governments and NGOs will be enhanced to provide the necessary support to the community.

34. **WES**. The overall objective of the programme is to support national efforts towards the progressive realization of the basic right to have clean water and improved sanitation services, as well as to improve the health status in general, overall socio-economic development and quality of life for children and women. The programme will focus on: (a) the provision of safe water supply for low coverage rural communities, especially in drought-prone areas; (b) sanitation improvement, focusing on semi-urban areas; (c) behavioural change through education; and (d) the eradication of guinea worm disease. Capacity-building at community and *woreda* levels to establish community-based maintenance system will be the key strategy to enhance the sustainability of water and sanitation facilities. The role of women in management committees will be strengthened. The establishment of spare parts shops for water schemes will be piloted in a few *woredas*. Appropriate cost-effective technologies will be promoted and supported, including in drought-prone areas. As disasters occur, core commitments will be used to provide water storage, purification and community sanitation.

35. The rural water supply project will support the national five-year goal of increasing safe water supply coverage from 28 to 40 per cent. UNICEF will support

the construction of 1,550 new water supply schemes and the rehabilitation of 850 old water supply schemes, including local capacity-building for operation and maintenance of water supply schemes, which will contribute to a 3 per cent increase in national coverage. The project will focus on: (a) strengthening the implementation capacity of water departments at regional, zonal and *woreda* levels; (b) standardizing the design and materials used in water supply schemes; (c) developing sustainable operation and maintenance systems; (d) facilitating private sector involvement; and (e) strengthening collaboration and partnerships. Although the programme will cover all regions, the focus will be on drought-prone areas, particularly in the four least developed regions.

36. The environmental sanitation and hygiene education project will support the national five-year goal of increasing national sanitation coverage from 17 to 30 per cent. UNICEF will support the construction of 275,000 household latrines, 650 community latrines and 550 school latrines, as well as hygiene education at all levels, which will contribute to an increase in national coverage of 3.5 per cent. Schools will be the focus to disseminate information and knowledge on sanitation and hygiene to promote desired behavioural change in individuals and communities. Water and sanitation facilities will be provided to schools considering the special needs of girls to enhance their enrolment. Activities will be undertaken in all 11 regions in the country, focusing on towns and rural communities in underdeveloped areas.

37. The guinea worm eradication project will support the national goal of eradicating guinea worm disease by 2006. A major focus of the project will be on the provision of water supply in endemic areas (Gambella and Southern regions), hygiene education, filters, and abate for pond treatment and surveillance. The project will be implemented jointly by water and health ministries and supported by WHO, The Carter Center and UNICEF.

38. **Gender and child protection**. The overall objective of the programme is to support the Government, NGOs and civil society in the effective implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women in Ethiopia. It will focus on the most disadvantaged groups of children and women, including separated and unaccompanied children, victims of violence and harmful practices, and out-of school children. This programme comprises three projects.

39. The gender promotion project will seek to create a legal and policy environment that protects women's and children's rights and increases the understanding of the principles of the two Conventions among civil society and government institutions. The eradication of harmful traditional practices project will aim to reduce violence against women and children and to contribute to the elimination of female genital mutilation and other harmful traditional practices, including abduction, and early marriage. The project on addressing vulnerability will seek to improve access for children and women in need of special protection.

40. Strategies will include updating the existing National Plan of Action on the basis of the recommendations and observations of the Committee on the Rights of the Child in January 2001 and the Convention on the Commission on the Elimination of All Forms of Discrimination against Women in January 2000. A major emphasis will be given in the Plan to developing a more juvenile-friendly judicial system and supporting the existing Human Rights Commission and ombudsperson structures to combat violence and harmful traditional practices. Implementation of the Plan will be monitored periodically, and technical assistance

will be provided for this purpose. Technical capacity-building of Women's Affairs Offices and other structures at federal and regional levels to scrutinize all government policies and programmes will be continued. Other strategies include developing partnerships at the community level and increasing women's decision-making power in the context of rights. As disasters occur, core commitments will be used for rapid assessments and the provision of specialized materials and training for traumatized women and children.

41. **Capacity-building in planning, monitoring and evaluation**. The overall objective of the programme will be to strengthen the capacity of federal and regional government institutions to collect, analyse and utilize social sector data for the purpose of integrated and rights-based programme planning, monitoring and evaluation, and disaster prevention and preparedness. The programme will comprise two projects. The programme development, monitoring and evaluation project will enhance the capacity of selected federal ministries and regional Bureaux to plan and evaluate programmes, and to monitor the situation of children and women.

42. The early warning and disaster preparedness project will seek to strengthen early warning systems to cover the most drought-prone *woredas*, to improve the quality and relevance of data collected, and to integrate data collection/dissemination with overall disease and nutrition surveillance mechanisms. This will be achieved through capacity-building, strengthening current early warning data collection systems that are more child health-oriented, and elevating advocacy potentials with donors for disaster response. It will maintain direct linkages with overall disaster response and recovery coordination functions, necessary in view of the continuing affects of border conflict and drought. In addition, the programme will enable UNICEF to improve its internal operations and serve as an effective knowledge-based institution. A wide range of evaluations and studies will be supported. Indicators will be developed at all levels for each programme and its objectives. Lessons learned from evaluations will feed back into the policy process and used to leverage funds for children from the Government and donors. Support also will be provided for major surveys, including the further development and use of multiple indicator cluster surveys or demographic and health surveys for monitoring goals. The new rights-based situation analysis will be developed further and updated.

Collaboration with partners

43. The country programme was built on the process of developing the UNDAF, resulting in clear linkages in focus and strategies. Efforts will be made to generate common advocacy positions by the United Nations system on issues affecting children and to strengthen approaches to critical cross-cutting concerns such as gender, community empowerment, local governance and human rights.

44. The health and nutrition, education and WES programmes will form an integral part of the sector development programmes. The activities will complement and reinforce support provided by other partners in order to establish synergy and avoid duplication of efforts. The meetings of the donor group and the monthly meetings of the joint Government/donor consultative group will continue to be used to further strengthen partnerships and collaboration with all sector development programme partners.

45. UNICEF will work closely with national and international NGOs, community-based organizations, media, universities, bilaterals and the Bretton Woods

institutions in a manner that encourages and promotes a partnership approach towards realizing children's rights.

Programme management

46. The Multilateral Department of the Ministry of Economic Development and Cooperation will have overall responsibility for programme coordination. Sectoral ministries, along with DPPC and the National HIV/AIDS Council, will have overall responsibility for the planning, implementation, monitoring and evaluation of programme activities. In the regions, the Bureau of Planning and Economic Development, sector bureaux and HIV/AIDS councils will have overall responsibility for implementation of the programme. When applicable, zonal planning offices, *woreda* sectoral offices, and other structures and associations at the subdistrict level will play an active role in the management of project activities. As the programme strategy aims at narrowing the gap between the more developed regions and the emerging regions (Afar, Somali, Gambella and Benishangul-Gumuz), UNICEF will intensify technical support to the regional bureau for longer-term capacity-building.

47. Programme implementation will continue to be based on programme implementation guidelines and on close working relationships between UNICEF and federal and regional authorities in all 11 regions of the country. The overall management and performance of human and financial resources will be guided by the country programme management plan. A mid-term review will be held in 2004 to assess programme progress and undertake any mid-course corrections that may be necessary to achieve the goals and objectives of the programme. Annual reviews will be conducted at both national and regional levels.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Ethiopia	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	174	(2000)	Very High U5MR
Infant mortality rate	117	(2000)	Very High IMR
GNP per capita	$ 100	(1999)	Low Income
Total population	61.1 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	1400	1648	2217	2788
Infant deaths (under 1)	(thousands)	224	236	284	326
Under-five deaths	(thousands)	335	351	428	485
Under-five mortality rate (per 1,000 live births)		239	213	193	174
Infant mortality rate (under 1) (per 1,000 live births)		160	143	128	117

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1992/2000)	Moderate & severe	48*	47
	Severe	16*	16
Babies with low birth weight (%, 1990)		16	..
Primary school children reaching grade 5 (%, 1992/1995)		58	51

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1992/2000)	74	84
Timely complementary feeding rate (6-9 mos.) (%, 2000)	..	43
Continued breast-feeding rate (20-23 mos.) (%, 1992/2000)	49	77
Prevalence of wasting (0-59 mos.) (%, 1992/2000)	8*	11
Prevalence of stunting (0-59 mos.) (%, 1992/2000)	64*	51
Vitamin A supplementation coverage (6-59 mons.) (%, 1999)	..	86
Household consuming iodized salt (%, 1995)	..	0**

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 2000)		..	19
Routine EPI vaccines financed by government (%, 1999)		..	10
Use of improved drinking water sources (% of population, 1990/2000)	Total	25	24
	Urban/rural	80/17	81/12
Use of improved sanitation facilities (% of population, 1990/2000)	Total	8	12
	Urban/rural	24/6	33/7
Births attended by trained personnel (%, 1991/2000)		8a/	10
Maternal mortality rate (per 100,000 live births)		..	..

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	5	11	64	61	46
	DPT	3	6	49	57	21
	Polio	3	6	49	65	35
	Measles	3	12	38	38	27
Pregnant women (%) immunized against:	Tetanus	2	4	30	22	35

a/ A summary of 52 district health profiles.
* Aged 6-59 months, Rural only.
** Actual data is 0.2

TABLE 1 (continued)

Ethiopia

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1993/1997,1988/2000)	Total	27/30	42/44
	Male	34/34	52/51
	Female	21/25	31/37
Secondary enrolment ratio (gross/net) (%, 1993/1996)	Total	11/..	12/..
	Male	12/..	14/..
	Female	10/..	10/..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	28	39
	Male/female	36/21	44/33
Radio/television sets (per 1,000 population, 1990/1997)		193/ 4	202/ 6

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)	28958	35161	47509	61388	62908
Population aged 0-18 years	(thousands)	14758	17928	24187	31602	32456
Population aged 0-5 years	(thousands)	5282	6310	8684	10932	11195
Urban population (% of total)		8.6	10.8	13.6	17.2	17.6
Life expectancy at birth (years)	Total	41	43	46	44	44
	Male	39	42	44	43	43
	Female	42	45	47	45	45
Total fertility rate		6.8	6.8	6.9	6.8	6.8
Crude birth rate (per 1,000 population)		48	47	47	44	44
Crude death rate (per 1,000 population)		23	21	19	19	19

		About 1990	Most recent
Contraceptive prevalence rate (%, 1990/2000)		4	8
Population annual growth rate (%, 1970-90/1990-99)	Total	2.6	2.7
	Urban	4.8	5.4

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1980-90/1990-99)		-1.2	2.6
Inflation rate (%, 1980-89,1990-98)		2	8
Population below $1 a day (%, 1990-99)		..	31
Household income share (%, 1995)	Top 20%/bottom 40%	../..	48/18
Government expenditure (% of total expenditure,1986/1995)	Health/education	5***/15***	5/14
	Defense	36***	9
Household expenditure (% share of total, 1980 or 1985)	Health/education	3/2	../..
Official development assistance: (1990/1998)	$US millions	871	648
	As % of GNP	14	11
Debt service (% of goods and services exports, 1990/1998)		28	11

*** UNICEF field office source.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 2000-2001 a/

COUNTRY: ETHIOPIA
LATEST BOARD APPROVAL: 1999
REGULAR RESOURCES: $ 34,190,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
									Actual	Planned	Actual	Planned	Actual	Planned
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR						
Health and nutrition	2,021	8,425	0	0	284	0	3,732	2,909	6,037	10,462	11,334	8,027	17,371	18,489
Water and environmental sanitation	194	783	0	18	187	1	830	2,539	1,211	1,586	3,341	4,299	4,552	5,885
Education	580	652	0	0	125	0	478	1,055	1,183	1,998	1,707	3,936	2,890	5,934
Woreda integrated basic services programme	1,494	278	0	0	497	0	2,631	767	4,622	11,339	1,045	6,503	5,667	17,842
Gender and development	13	514	0	0	27	0	190	828	230	346	1,342	4,104	1,572	4,450
Disaster mitigation	48	1,018	0	0	9	0	215	293	272	346	1,311	104	1,583	450
Integrated planning, monitoring and evaluation	259	0	0	0	64	0	424	0	747	1,194	0	177	747	1,371
Cross-sectoral costs	(14)	145	22	0	874	832	450	655	1,332	6,919	1,632	0	2,964	6,919
GRAND TOTAL	4,595	11,815	22	18	2,067	833	8,950	9,046	15,634	34,190	21,712	27,150	37,346	61,340

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: ETHIOPIA
PROGRAMME CYCLE : 2002-2006

	FUND	2002	2003	2004	2005	2006	TOTAL
HEALTH AND NUTRITION	RR	6,616,690	6,616,690	6,616,690	6,616,690	6,616,690	33,083,450
	OR	3,515,000	3,515,000	3,515,000	3,515,000	3,515,000	17,575,000
	TOTAL	10,131,690	10,131,690	10,131,690	10,131,690	10,131,690	50,658,450
HIV/AIDS	RR	1,462,937	1,500,937	1,500,937	1,500,937	1,500,937	7,466,685
	OR	4,255,000	4,255,000	4,255,000	4,255,000	4,255,000	21,275,000
	TOTAL	5,717,937	5,755,937	5,755,937	5,755,937	5,755,937	28,741,685
WATER & ENVIRONMENTAL SANITATION	RR	2,798,400	2,798,400	2,798,400	2,798,400	2,798,400	13,992,000
	OR	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
	TOTAL	3,798,400	3,798,400	3,798,400	3,798,400	3,798,400	18,992,000
EDUCATION	RR	3,506,973	3,506,973	3,506,973	3,506,973	3,506,973	17,534,865
	OR	1,480,000	1,480,000	1,480,000	1,480,000	1,480,000	7,400,000
	TOTAL	4,986,973	4,986,973	4,986,973	4,986,973	4,986,973	24,934,865
GENDER AND CHILD PROTECTION	RR	175,000	175,000	175,000	175,000	175,000	875,000
	OR	1,250,000	1,250,000	1,250,000	1,250,000	1,250,000	6,250,000
	TOTAL	1,425,000	1,425,000	1,425,000	1,425,000	1,425,000	7,125,000
CAP.BUILD. IN PLAN/MONIT/EVAL	RR	457,000	457,000	457,000	457,000	457,000	2,285,000
	OR	500,000	500,000	500,000	500,000	500,000	2,500,000
	TOTAL	957,000	957,000	957,000	957,000	957,000	4,785,000
CROSS-SECTORAL COSTS	RR	1,050,000	1,050,000	1,050,000	1,050,000	1,050,000	5,250,000
	OR						
	TOTAL	1,050,000	1,050,000	1,050,000	1,050,000	1,050,000	5,250,000
TOTAL, PROGRAMME BUDGET	RR	16,067,000	16,105,000	16,105,000	16,105,000	16,105,000	80,487,000
	OR	12,000,000	12,000,000	12,000,000	12,000,000	12,000,000	60,000,000
	TOTAL	28,067,000	28,105,000	28,105,000	28,105,000	28,105,000	140,487,000
STAFF COSTS a/		1,152,547	1,208,844	1,274,059	1,333,636	1,393,202	6,362,288
GENERAL OPERATING COSTS		402,090	413,667	580,284	597,992	610,009	2,604,042
TOTAL, ESTIMATE SUPPORT BUDGET		1,554,637	1,622,511	1,854,343	1,931,628	2,003,211	8,966,330
GRAND TOTAL		29,621,637	29,727,511	29,959,343	30,036,628	30,108,211	149,453,330

RR = regular resources
OR = other resources

a/ Including consultants and temporary assistance.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : ETHIOPIA
PROGRAME : 2002-2006

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND NUTRITION	33,083,450		33,083,450	0	0	1	0	0	0	1	3	0	4	950,055	322,128	1,272,183
HIV/AIDS	7,466,685		7,466,685	0	0	0	1	0	0	1	1	0	2	813,102	107,376	920,478
WATER & ENVIRONMENTAL SANITATION	13,992,000		13,992,000	0	0	1	0	0	0	1	1	0	2	950,055	107,376	1,057,431
EDUCATION	17,534,865		17,534,865	0	0	1	0	0	0	1	2	0	3	950,055	214,752	1,164,807
GENDER AND CHILD PROTECTION	875,000		875,000	0	0	0	0	0	0	0	1	0	1	0	128,422	128,422
CAP. BUILD. IN PLAN/MONIT/EVAL	2,285,000		2,285,000	0	0	0	1	0	0	1	2	0	3	813,102	168,084	981,186
CROSS-SECTORAL COSTS	5,250,000		5,250,000	0	0	0	1	0	0	1	3	23	27	813,102	1,456,865	2,269,967
TOTAL RR	80,487,000		80,487,000	0	0	3	3	0	0	6	13	23	42	5,289,471	2,505,003	7,794,474
OTHER RESOURCES :																
HEALTH AND NUTRITION		17,575,000	17,575,000	0	0	0	1	1	0	2	8	5	15	1,759,817	933,789	2,693,606
HIV/AIDS		21,275,000	21,275,000	0	0	0	0	1	0	1	5	2	8	690,699	601,629	1,292,328
WATER & ENVIRONMENTAL SANITATION		5,000,000	5,000,000	0	0	0	1	1	0	2	3	2	7	1,503,801	317,896	1,821,697
EDUCATION		7,400,000	7,400,000	0	0	0	0	0	0	0	1	1	2	0	152,824	152,824
GENDER AND CHILD PROTECTION		6,250,000	6,250,000	0	0	0	0	1	0	1	1	2	4	690,699	218,793	909,492
CAP. BUILD. IN PLAN/MONIT/EVAL		2,500,000	2,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL OR		60,000,000	60,000,000	0	0	0	2	4	0	6	18	12	36	4,645,016	2,224,931	6,869,947
TOTAL RR & OR	80,487,000	60,000,000	140,487,000	0	0	3	5	4	0	12	31	35	78	9,934,487	4,729,934	14,664,421
SUPPORT BUDGET	Operating costs		2,604,042													
	Staffing			1	0	2	1	1	0	5	5	19	29	4,685,096	1,677,192	6,362,288
GRAND TOTAL (RR + OR + SB)				1	0	5	6	5	0	17	36	54	107	14,619,583	6,407,126	21,026,709
Number of posts and staff costs:																
Current programme cycle										19	19	49	87			
At the end of proposed programme cycle (indicative only)										17	36	54	107	14,619,583	6,407,126	21,026,709

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.